Michigan Department of Treasury (Rev. 7-04)

## **TEST FINAL**

## 2004 MICHIGAN Single Business Tax Simplified Return 10/11/04

Issued under authority of P.A. 228 of 1975.

This form may be used instead of the standard Form C-8000, Single Business Tax Annual Return, if all of the following conditions apply:

- · Gross receipts do not exceed \$9,000,000.
- · Adjusted business income, after loss adjustment, does not exceed \$475,000 (\$95,000 for individuals).
- · No shareholder or officer has allocated income, after loss adjustment, of more than \$95,000. Attach Form C-8000KC.
- · No partner has distributive income, after loss adjustment, of more than \$95,000. Attach Form C-8000KP.
- Filer is not a member of a controlled group or entity under common control.
- Filer is not filing a consolidated return.
- · Filer is not apportioning business activity.

1. This return is for calendar year 2004 or for the following tax year							5.	▶ 5. Federal Employer ID Number (FEIN) or TR Number			
В	Seginning Date	month	2004	Ending Date	month	year					
2. Name (Type or Print)							▶ 6.	▶ 6. If discontinued, enter effective date			
DBA											
Street Address								- Organization Type	(check one) b		
City, State, ZIP Code							c.	Professional		S Corp.	
3. Bus	iness start date		4. Principal	4. Principal Business Activity			g.	Limited Liab Company-C		LLC-Partnership	
8.	Gross receip	ts				<b>)</b>	8				
									_		
	Compensation and director fees of active shareholders or officers from C-8000KC, lines 6 & 7 11.										
	Adjusted Business Income. Add lines 9 - 11. If negative, enter zero on line 13										
13.	Tax Before All Other Credits. Multiply line 12 by 2.0% (.02)								<b>▶ 13.</b>		
	Unincorporated/S Corp. Credit. Multiply line 13 by percent from table in the ir										
15.	Tax After No	onrefunda	<b>ble Credits.</b> Sc	ıbtract line 14 f	rom line 13				<b>▶</b> 15	.00	
16.	Overpaymen	t credited t	from prior year			1	6	.00	_		
<b>17</b> .	Estimated tax	x payment	s			1	7	.00	_		
18.	Tax paid with request for extension						8	.00	_		
19.	Refundable credits from C-8000MC, line 14						9	.00	_		
20.	Total. Add lines 16 - 19								<b>20.</b>	.00	
21.									<b>▶</b> 21	.00	
22.								es	22.	.00	
	Annual return penaity at/o =and interest =									.00	
	Payment Due. Add lines 21 - 23										
	OVERPAYMENT. Subtract line 15 from line 20									.00	
	Enter the amount of overpayment on line 25 to be refunded										
								ILLI OND			
I declare under penalty of perjury that this return is true and correct to the best of my knowledge.  I declare of which is true and correct to the best of my knowledge.							clare under pe hich I have a	RER'S DECLARATION  Index penalty of perjury that this return is based on all information have any knowledge.			
I authorize Treasury to discuss my return with my preparer. Yes No							rer's Signatu			_	
Taxpayer's Signature								arer's Name		Date	
Print or Type Taxpayer's Name Date						Busin	ess Address	, Phone and Identific	ation Numbe	er	
Title											

WITHOUT PAYMENT - Mail return to:

**Michigan Department of Treasury** P.O. Box 30059 Lansing, MI 48909

WITH PAYMENT - Pay amount on line 24 and mail check and return to:



**Michigan Department of Treasury** Department 77375 P.O. Box 77000 Detroit, MI 48277-0375

Make check payable to "State of Michigan" and print the FEIN and "SBT" on the front of check. Do not staple check to return.

Due Date: April 30 or by the last day of the 4th month after the close of the tax year.